U.S. Department of Labor Office of Labor-Management Standards Washington, DC 20210

FORM LM-30 LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - 11799	2. Fiscal Year Covered From:	
	1 / 1 / 2005 Through: 12 / Bi / 2005	
3. Name and address of person filing.	Name, file number, and address of labor organization.	
Name Daglas R Schuetz	Name BCTGM 1.U. #19	
	Labor Organization File Number 232-363	
P.O. Box, Bldg., Room No., if any	P.O. Box, Building and Room Number, if any	
Street 9665 Vockside Rd Site 3	Street 9665 Rakside Rd S. te B.	
City VAlley View	City VAlley View	
State CHIO ZIP Code + 4 CHI25	State OUTO ZIP Code + 4 YY175	
5. Position in labor organization.	/ Business Agent	
Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):		
A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.		
Name and address of Employer (including trade name, if any).	7.a. Nature of Interest, Transaction, or Income.	
Name		
Trade Name, if any:		
P.O. Box, Bidg., Room No., if any		
	7.b. Amount.	
Street	į – ir į į į į į į į į į į į į į į į į į į	
City		
State ZIP Code + 4		
Signature		
15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, porrect, and complete. (See the section on penalties in the instructions.)		

Telephone Number

Name of Person Filing Doug Schuetz	File Number U- //789
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Ray Report For D Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 965 Ray Record Reco	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name () A T Provide Control () Contro	11.a. Nature of such dealing. Pension Fond Trustee 11.b. Approximate dollar value of such dealing.
State OHTO ZIP Code +4 4.1.75	12.a. Nature of interest held or income received. Net Per Diem Expenses, white Attending NA tional LABOR MANAgment Conference 12.b. Amount. 899.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any Street City	14.a. Nature of payment.
State ZIP Code + 4	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	

		,	
Name of Person Filing Jour Sehvetz		File Number U-	789
B. Held an interest in or derived income or economic benefit with monetary va substantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	wise dealing with the busines ively seeking to represent, or directly to, or otherwise	\$,
8. Name and address of Business (including trade name, if any).	9. Business deals with:		
Name C. B. 4.T. H. + w. Fuivo	a. Labor Organiza	ntion	
P.O. Box, Bldg., Room No., if any	b. Trust c. Employer		
Street 9165 Vockside Rel City Valley View			
State OHTO ZIP Code + 4 YU125			
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such deali		
Name C. B. FT. H+W FUND	Health + Alternat	welfand	2 FUND
Trade Name, if any:	H (LEL NO	(405	"LEC
P.O. Box, Bldg., Room No., if any			
Street 9665 Karkside Roll	11.b. Approximate dollar valu	o of such destine	
City Valley View		· · · · · · · · · · · · · · · · · · ·	
1	12.a. Nature of interest held		M A . A . M . 3: 3+
State 01+ Co ZIP Code + 4 34. 41.35	Conference	e Regio	MANAgeneiut Stration
	12.b. Amount.		845,00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	or other thing of value.	H3	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.	***************************************	
Name			
Trade Name, if any:		0	
P.O. Box, Bldg., Room No., if any	No	we	
Street			
State 2IP Code + 4			
13.b. Is the Business an Employer or Consultant ?	14.b. Amount of payment.		
. S.			<u> </u>

Name of Person Filing Dog Schuetz	File Number U- 11 789
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	erwise dealing with the business tively seeking to represent, or adirectly to, or otherwise
8. Name and address of Business (including trade name, if any). Name McLical Mulari of CHTO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Jobo F 9th ST City Cleveland State PHTO ZIP Code +4 YUIIS	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name	11.a. Nature of such dealing. Third Praty Administrator AND From Ance Co For Employee Benefit Claims 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attendance AT Sporting Event Fer Piscussion with Service Provider.
<u> </u>	12.b. Amount. 554.24
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name Trade Name, if any: P.O. Box, Bidg., Room No., if any	14.a. Nature of payment.
Street	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Doug Schwetz		File Nurnber U-	789
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or indealing with your labor organization or with a trust in which your labor organization.	wise dealing with the businessively seeking to represent, or directly to, or otherwise	s	
Name and address of Business (including trade name, if any).	9. Business deals with:		
Name Medical Modusi at Office Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Jobe E. Gth St City Cleveland State DITTO ZIP Code +4 M4115	a. Labor Organiza b. Trust c. Employer	ition	
	11.a. Nature of such deali		
10. If 9.b. or 9.c. is checked give trust or employer's name. Name C, B, AT, H, IW, FUND	Third PAR	244 Admin	
Trade Name, if any:	AND FIRST	Benefit	Clains
P.O. Box, Bldg., Room No., if any			
Street 9665 Vockside Rd	11.b. Approximate dollar valu	e of such dealing.	
City Valley View	12.a. Nature of interest held	d or income received.	
State OH To ZIP Code + 4 Idu 125	Attendance Fuent Fo with Ser	r At Sp R Discus Vice Pro	orting sion vider
	12.b. Amount.		126.00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money			
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.		
Name			
Trade Name, if any:		re-	
P.O. Box, Bldg., Room No., if any	No.	one	
Street			
City			
State ZIP Code + 4			
13.b. Is the Business an Employer or Consultant?	14,b, Amount of payment.		

Name of Person Filing Dog Schuetz	File Number U //789
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Medical Moduae of Office Trade Name, if any: P.O. Box, Bldg., Room No., if any	a. Labor Organization b. Trust
Street JUO E 9 tn ST	c. Employer
city Cleveland	
State 6H TO ZIP Code + 4 YUIIS	
10. If 9.b. or 9.c. is checked give trust or employer's name.	11.a. Nature of such dealing.
Name C.B +T. H+W FUND	Third PARty Administrator
Trade Name, if any:	Third Party Administrator AND Insurance Co. FOR Employee Benefit Claims
P.O. Box, Bldg., Room No., if any	
Street 9665 Rockside Rd	11.b. Approximate dollar value of such dealing.
City VAlley Vira	12.a. Nature of interest held or income received.
State DHTO ZIP Code + 4 LU135	Attendance AT Sporting Event for discussions with service Provider
	12.b. Amount. 2,5.00
C. Received from any employer (other than an employer covered under from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	Nowe
Street	
State ZIP Code + 4	
State ZIF COURT 4	14 h Amount of powersh
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

Name of Person Filing Dag Scheetz	File Number U- 1/789
B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.	
8. Name and address of Business (including trade name, if any).	9. Business deals with:
Name Medical Mulal of Olteo Trade Name, if any: P.O. Box, Bidg., Room No., if any Street Doc E ath st City Cleveland State Olto ZIP Code + 4 Lucis	a. Labor Organization b. Trust c. Employer
40 to be a 0 = in the stand of the American and the stands	11.a. Nature of such dealing.
Name C.B. + T. H. L. F. J. L. J. Trade Name, if any:	Third Party Administrator AND Insurance Co FOR Employee Benefit Claims
P.O. Box, Bldg., Room No., if any	Employee Devetit CIAOMS
Street 91065 Rockside Rol	
Sueer 9665 12 CC 912 C	11.b. Approximate dollar value of such dealing.
City Valley Vieces	12.a. Nature of interest held or income received.
State ZIP Code + 4 Luis	Attendance AT Sporting Event FOR Discussion with Service Provider
	12.b. Amount. 315:00
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
 Name and address of Employer or Labor Relations Consultant (including trade name, if any). 	14.a. Nature of payment.
Name	
Trade Name, if any:	
P.O. Box, Bldg., Room No., if any	None
City	
State ZIP Code + 4	
13.b. Is the Business an Employer or Consultant?	14.b. Amount of payment.

· Name of Person Filling Dag Schretz	File Number U- 11789
B. Held an interest in or derived income or economic benefit with monetary vasubstantial part of which consists of buying from, selling or leasing to, or other of an employer whose employees your labor organization represents or is act (2) any part of which consists of buying from or selling or leasing directly or in dealing with your labor organization or with a trust in which your labor organization.	rwise dealing with the business ively seeking to represent, or directly to, or otherwise
8. Name and address of Business (including trade name, if any). Name Medical Mulaal as CHFO Trade Name, if any: P.O. Box, Bldg., Room No., if any Street 9060 F 9th St City Cleveland State OH-IO ZIP Code +4 [19115]	9. Business deals with: a. Labor Organization b. Trust c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name CB+THILD FUND Trade Name, if any: P.O. Box, Bldg., Room No., if any Street Ghos Rowelle Rd City Waley View State CH Teo ZIP Code +4 (41) 25	11.a. Nature of such dealing. Third Party Administrator Awd the Such ance Co. Fore Employee Beneal Claims 11.b. Approximate dollar value of such dealing. 12.a. Nature of interest held or income received. Attendance At Sporting Event For Discussion with Service Provider
	12.b. Amount. \(\sigma \)\(\sigma \)\(\sigma \)
C. Received from any employer (other than an employer covered under or from any labor relations consultant to an employer any payment of money	
13.a. Name and address of Employer or Labor Relations Consultant	14.a. Nature of payment.
(including trade name, if any). Name Trade Name, if any: P.O. Box, Bldg., Room No., if any Street City State ZIP Code + 4	None
	14.b. Amount of payment.
13.b. Is the Business an Employer or Consultant?	